

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.	10517/211	
First Inventor	Seiji MIZUNO	
Title	SEPARATOR PASSAGE STRUCTURE OF FUEL CELL	
		Express Mail Label No.

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO:	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 21] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10]</p> <p>5. Oath or Declaration [Total Sheets 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>	
ACCOMPANYING APPLICATIONS PARTS			
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: Claim for Convention Priority</p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ /

Prior application information: Examiner _____

Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		23838 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below	
Name _____				
Address _____				
City _____		State _____	Zip Code _____	
Country _____		Telephone _____	Fax _____	

Name (Print/Type)	Laleh Jalali		Registration No. (Attorney/Agent)	40,031
Signature			Date	02-09-04

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 15535 U.S.PTO
10/773210


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00

Complete if Known	
Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Seiji MIZUNO
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	10517/211

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
 Order
 Deposit Account:Deposit Account Number
11-0600Deposit Account Name
Kenyon & Kenyon

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385
1002	2002	340	170
1003	2003	530	265
1004	2004	770	385
1005	2005	160	80
SUBTOTAL (1)		\$770.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
	18	-20 **	= 0	X 0	= 0
Independent Claims	2	-3 **	= 0	X 0	= 0
				X	=
SUBTOTAL (2)		(\$)			

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

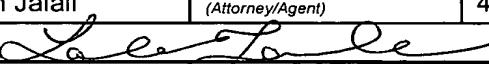
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	420	210
1253	2253	950	475
1254	2254	1,480	740
1255	2255	2,010	1,005
1401	2401	330	165
1402	2402	330	165
1403	2403	290	145
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,330	665
1501	2501	1,330	665
1502	2502	480	240
1503	2503	640	320
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	770	385
1810	2810	770	385
1801	2801	770	385
1802	1802	900	900
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$40.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Laleh Jalali	Registration No. (Attorney/Agent)	40,031	Telephone	202-220-4296
Signature			Date	02 - 09 - 04	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.